SUPPLEMENTAL DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

st Named Inventor:	Терро КОЈО	ALENI ALI DIO			
COMPLETE IF KNOWN:				-	
Application Number:	09/763,745			· · · · · ·	
Filing Date: 02	2/26/2001				
Group Art Unit:3	3654			_	
Examiner Name:	William Arauz River	a			
As a below named inventor	r, I hereby declare the	at:			
My residence, post office ac and sole inventor (if only o below) of the subject matte	one name is listed bel	ow) or an original, first	and joint invent	or (if plural na	ames are liste
METHOD IN SEQUENTI WINDING STATIONS	AL WINDING STAT	TIONS AND PRODUC	TION LINE CO	MPRISING S	EQUENTIAL
WANTED STATE OF THE STATE OF TH	(Title of the Invention)			
International Application 1	MM/DD/YY) <u>02/2</u> Number	6/2001 as United and was amended or			
7/28/04, 03/03/05, 04/27/0 I hereby state that I have a claims, as amended by any which is material to patent I hereby claim foreign prior or inventor's certificate, or than the United States of application for patent or inventor of the application on which	reviewed and underst amendment specifica ability of this applica ority benefits under 3, 365(a) of any PCT In America, listed below ventor's certificate, or	ally referred to above. I a tion as defined in 37 Cl 5 U.S.C. 119(a)-(d) or 3 nternational application w and have also identifi	acknowledge the FR 1.56. 65(b) of any fore which designatied below, by ch	e duty to disclo	on(s) for patent country other
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Co Yes	py Attached? No
981825	Finland	08/26/98			x
I hereby claim the benefit t	under 35 U.S.C. 119(e) of any United States	provisional appl	ication(s) liste	ed below.

Application Number(s)	Filing Date (MM/DD/11)		

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YY)	Parent Patent Number (if applicable)
PCT/FI99/00701	08/26/99	

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

[X] Customer Number 21831

Direct all correspondence to:

[X] Customer Number 21831

Recognize as the "Fee Address" under the provisions of 37 CFR 1.363:

[X] Customer Number 21831

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Given Name (first and middle [if any]) Family Name or Surname

Teppo KOJO

Inventor's Signature Date 5.8. 2005

Residence: City FIN-04600 Manstala Country Finland Hantsala
Post Office Address Alhontie 10, FIN-04600 Manstala, Finland

NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:

Given Name (first and middle [if any])	Family Name or Surname	
<u>Esa</u>	AALTO	
Inventor's Signature	NKAA Date 12.8.10	205
Residence: City FIN-05830 Cour	ntry <u>Finland</u> Citizenship _	Finland
Post Office Address FIN-05830 Hy	vinkaa, Finland Purofic B	FIN - 05B30 Hyvinkan, Finland
NAME OF ADDITIONAL JOINT INVENT	ΓOR, IF ANY:	
Given Name (first and middle [if any])	Family Name or Surname	
Inventor's Signature	Date	Market Suite
Residence: City State	Country	Citizenship
Post Office Address		
NAME OF A DOUTIONAL TODAY DIVENT	FOR IF ANN.	
NAME OF ADDITIONAL JOINT INVENT	IOK, IF ANY:	
Given Name (first and middle [if any])	Family Name or Surname	
Inventor's Signature	Date	
Residence: City State	Country	Citizenship
Post Office Address		